

# **KANSAS SENTENCING COMMISSION SENATE BILL 123**

## **PRE-SENTENCE ASSESSMENTS**



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# Pre-Sentence vs. Post-Sentence

## PRE-SENTENCE

- **ASSESSMENT CONDUCTED PRIOR TO SENTENCING DATE**
- **REFERRED BY COURT SERVICES (CSO)**
- **DETERMINES SB 123 ELIGIBILITY AND TREATMENT PLAN**
- **SUBMITTED TO SB123PAYMENTS@KS.GOV**
- **MUST BE SUBMITTED WITHIN 45 DAYS FROM THE DAY OF ASSESSMENT**

## POST-SENTENCE

- **ASSESSMENT CONDUCTED AFTER SENTENCING DATE**
- **REFERRED BY COMMUNITY CORRECTIONS INTENSIVE SUPERVISING OFFICER (ISO)**
- **DETERMINES SB 123 ELIGIBILITY AND TREATMENT PLAN**
- **SUBMITTED TO BEACON HEALTH OPTIONS THROUGH PROVIDER CONNECT**

# Required Forms for Pre-Sentence

- UPDATED “PRE-SENTENCE ASSESSMENT INVOICE FOR PURCHASE OF SERVICE” –  
**WITH REVISION DATE FEBRUARY 1, 2019**
- **SB 123 ASSESSMENT SUMMARY FORM**
- **COVER SHEET SASSI – CURRENTLY SASSI 4**
- **CLINICAL INTERVIEW SUMMARY WITH ASAM CRITERIA**



# Pre-Sentence Assessment Invoice

## --Problem areas are highlighted

Kansas Sentencing Commission Jayhawk Tower, 700 SW Jackson Street, Suite 501 Topeka, KS 66603		<b>PRE-SENTENCE ASSESSMENT</b> <b>INVOICE FOR PURCHASE OF SERVICE</b>		*Form Use For Services Rendered 10/1/2018 and After	
(Please Type or Print Legibly, DO NOT USE WHITEOUT) (Use the TAB key to move from field to field, initial all changes)					
1. Treatment Provider:		2. Service Month/ Year:		3. Sentencing Date:	
4. Address (location of services):		5. Supervising Agency:			
6. City/State/Zip:		7. Officer's Name:		<input type="checkbox"/> CSO <input type="checkbox"/> ISO	
9. Billing address: (if different than above)		8. Phone Number:			
		10. County of SB123 Conviction:			
11. Offender Name: (Last)		(First)	(M.I.)	12. KDOC Number:	13. KBI Number:
		14. Court Case Number:			
Place an "X" in the days of the month that services were provided :					
15. Modality	16. Service Units	17. \$ Cost/ Unit	18. \$ Total	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
Pre-Sentence Assessment *	1	\$175	\$175		
19. Does the offender have insurance?		<input type="checkbox"/> No <input type="checkbox"/> Yes		NOTE: IF OFFENDER HAS INSURANCE HAS IT BEEN BILLED FOR THIS SERVICE? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
20. LESS Insurance Reimbursement		\$	IS THIS FORM FOR REPORTING PURPOSES? <input type="checkbox"/> No <input type="checkbox"/> Yes		
21. TOTAL		\$			
* PAYMENT WILL NOT BE PROCESSED UNLESS THE COMPLETED FORMS ARE ATTACHED TO THIS INVOICE: • **APPLICABLE SB 123 ASSESSMENT SUMMARY FORM • **COVER SHEET SASSI • **CLINICAL INTERVIEW SUMMARY WITH ASAM CRITERIA					
** Please provide Assessment documentation to the supervising officer (CSO/ISO) for offender's file.					
Signature: I, the Treatment Provider certify that this service/material has been provided and that this invoice is correct and true.					
22. Treatment Provider:		Date:		Phone Number:	

1 Copy to the Kansas Sentencing Commission

1 Copy to the Treatment Provider

Rev. February, 1, 2019

# Problem Areas on Invoice

- **BOX 3- SENTENCING DATE MAY NOT BE KNOWN**
- **BOX 5- SUPERVISING AGENCY- PLEASE INDICATE JUDICIAL DISTRICT, NOT JUST COUNTY**
- **BOX 7- OFFICER'S NAME- INDICATE CSO OR ISO**
- **BOX 8- PHONE NUMBER AND EXTENSION (IF KNOWN) OF CSO OR ISO... **VERY IMPORTANT!****
- **BOX 12- KDOC# MAY NOT BE KNOWN, BUT PLEASE CHECK AGAIN WITH CSO OR ISO BEFORE SUBMITTING FOR PAYMENT (BEGINS W/ A 6 AND IS 7 NUMBERS)**
- **BOX 13- KBI# IS USUALLY AVAILABLE- CONTACT OFFICER BEFORE SUBMITTING FOR PAYMENT**
- **BOX 14- COURT CASE- ONLY ONE CASE CAN BE LISTED- SHOULD BE MOST CURRENT CASE.**
- **BOX 19- ALWAYS CHECK FOR INSURANCE AND BILL BEFORE BILLING KSSC**
- **SIGNATURE PLEASE... NOT TYPED**
- **TIMELY FILING POLICY- 45 DAY BEGINS FROM THE “DAY” OF SERVICE, OR DATE OF DENIAL LETTER FROM THE INSURANCE COMPANY**



# Cover Sheet SASSI

## • SASSI 4

**SASSI-4 Substance Abuse Subtle Screening Inventory**  
To reorder: 1-800-726-0506  
Professionals may call 888-297-2774 for free assistance interpreting this profile.

Name \_\_\_\_\_ Gender M Age \_\_\_\_\_  
Case Number \_\_\_\_\_ Test date \_\_\_\_\_

**S.A.S.S.I.**

**RAP** Random Answering Pattern  
☐ If RAP is 2 or more results may not be meaningful. Try to resolve problems before proceeding.

Check every rule, yes or no.

**Rule 1**  
a. FVA 16 or more \_\_\_\_\_ **Either** ☐ yes ☐ no  
b. FVOD 16 or more \_\_\_\_\_ **a or b?** ☐ yes ☐ no

**Rule 2**  
SYM 7 or more? ☐ yes ☐ no

**Rule 3**  
OAT 8 or more? ☐ yes ☐ no

**Rule 4**  
SAT 7 or more? ☐ yes ☐ no

**Rule 5**  
a. SYM 5 or more \_\_\_\_\_ **Both** ☐ yes ☐ no  
b. SAT 4 or more \_\_\_\_\_ **a and b?** ☐ yes ☐ no

**Rule 6**  
a. SYM 6 or more \_\_\_\_\_ **Both** ☐ yes ☐ no  
b. DEF OR SAM 7 or more \_\_\_\_\_ **a and b?** ☐ yes ☐ no

**Rule 7**  
a. OAT 7 or more \_\_\_\_\_ **Both** ☐ yes ☐ no  
b. SAT 6 or more \_\_\_\_\_ **a and b?** ☐ yes ☐ no

**Rule 8**  
a. FVA OR FVOD 5 or more \_\_\_\_\_ **All three** ☐ yes ☐ no  
b. OAT 3 or more \_\_\_\_\_ **a, b and c?** ☐ yes ☐ no  
c. DEF 9 or more \_\_\_\_\_ **a, b and c?** ☐ yes ☐ no

**Rule 9**  
a. FVA 6 or more OR FVOD 4 or more \_\_\_\_\_ **All three** ☐ yes ☐ no  
b. SAT 3 or more \_\_\_\_\_ **a, b and c?** ☐ yes ☐ no  
c. DEF 7 or more \_\_\_\_\_ **a, b and c?** ☐ yes ☐ no

**Rule 10**  
a. FVA 8 or more OR FVOD 5 or more \_\_\_\_\_ **All four** ☐ yes ☐ no  
b. SAT 1 or more \_\_\_\_\_ **a, b, c and d?** ☐ yes ☐ no  
c. DEF 4 or more \_\_\_\_\_ **a, b, c and d?** ☐ yes ☐ no  
d. SAM 4 or more \_\_\_\_\_ **a, b, c and d?** ☐ yes ☐ no

Adult Male Profile											
	Face Vial Archival	Face Vial Over Dye	Symptoms	Directs Kephates	Suite Altimus	Cherels Venias	Supplemental Adaption Measure	Family vs. Controls	Connecticut		
	FVA	FVOD	SYM	DIR	SAT	DEF	SAM	FAM	COR		
90	23	27	15	14	12	13			14		
80	22	26	14	13	11	12			13		
70	21	25	13	12	10	11	13		12		
60	20	24	12	11	9	10	12		11		
50	19	23	11	10	8	9	11	14	10		28
40	18	22	10	9	7	8	10	13	9		15
30	17	21	9	8	6	7	9	12	8		
20	16	20	8	7	5	6	8	11	7		
10	15	19	7	6	4	5	7	10	6		
0	14	18	6	5	3	4	6	9	5		
-10	13	17	5	4	2	3	5	8	4		
-20	12	16	4	3	1	2	4	7	3		
-30	11	15	3	2	0	1	3	6	2		
-40	10	14	2	1	0	0	2	5	1		
-50	9	13	1	0			1	4	0		
-60	8	12	0				0	3			
-70	7	11						2			
-80	6	10						1			
-90	5	9						0			
-100	4	8									
-110	3	7									
-120	2	6									
-130	1	5									
-140	0	4									
-150		3									
-160		2									
-170		1									
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# Assessment Summary Form

- PROBLEM AREAS ARE HIGHLIGHTED
- ALL INFORMATION IS IMPORTANT

## 2003 SB 123: Assessment Summary Form

Date of Assessment: \_\_\_\_\_ (mm/yyyy)

<b>AUTHORIZED TREATMENT PROVIDER</b>		<b>COMMUNITY CORRECTIONS / COURT SERVICES AGENCY</b>	
Treatment Provider Name:		District:	
Street Address:		Street Address:	
City / State / Zip:		City / State / Zip:	
Assessor Name: Phone No.: Email:		ISO/CSO Name: Phone No.: Email:	
Assessor Signature: _____			
SASSI Completed by: <input type="checkbox"/> Above <input type="checkbox"/> CSO (name): _____			

Safeguarding of Client Information. The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the Court's assignment of sentence or the case management responsibilities assigned by law to Community Corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

<b>OFFENDER PROFILE</b>											
Conviction Name (First, MI, Last): _____								KDOC No.: _____		KBI No.: _____	
Date of Birth: (mm/yyyy) _____				County of Conviction: _____				Court Case No.: _____			
SASSI Probability:		SASSI Profile Scores:									
		FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	RX
High: <input type="checkbox"/>											
Low: <input type="checkbox"/>		<b>NOTE: Summary Score Page -</b> <ul style="list-style-type: none"> <li>• If RAP is above 2, DEF is above 8, score may be invalid.</li> <li>• If score is invalid or low and treatment is recommended, please address in comments.</li> </ul>									
Was Mental Health Screen administered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mental Health Comments:									
Referred for additional services? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Clinical History Comments: (attach additional page(s) as necessary)											

**ASSESSOR RECOMMENDATIONS:** Identify initial treatment modality as reflected by ASAM criteria:

Initial Treatment Modality (check)	Modality
<input type="checkbox"/>	NONE
<input type="checkbox"/>	Social Detoxification
<input type="checkbox"/>	Therapeutic Community <b>(Jo Co only)</b>
<input type="checkbox"/>	Intermediate Residential
<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>	Outpatient – Individual
<input type="checkbox"/>	Outpatient – Group
<input type="checkbox"/>	Outpatient – Family
<input type="checkbox"/>	Reintegration
<input type="checkbox"/>	Relapse Prevention/Continuing Care
<input type="checkbox"/>	Drug Abuse Education

\*Treatment Provider and ISO to retain copy for record keeping and auditing purposes.

Kansas Sentencing Commission  
2003-SB 123 "Alternative Sentencing Policy for Drug Possession Offenders" Operation Manual  
(October 1, 2018)

# Problem Areas on SB 123 Assessment Summary Form

- **COMPLETE ALL INFORMATION FOR TREATMENT PROVIDER AND COMMUNITY CORRECTIONS/COURT SERVICES AGENCY**
- **ISO/CSO INFORMATION**
- **ASSESSORS SIGNATURE**
- **OFFENDER PROFILE MATCH THE INVOICE:**
  - **COMPLETE ALL – CONTACT ISO/CSO IF NEEDED**
  - **NAME, KDOC#, CASE#, KBI#**
- **SASSI INFORMATION- COMPLETE ALL**
- **ASSESSOR RECOMMENDATIONS:**
  - **THERAPEUTIC COMMUNITY IS JOHNSON COUNTY ONLY**



# Troubleshooting for Treatment Providers



- **CAN'T FIND AN OFFENDER IN PROVIDER CONNECT?**
  - **CONTACT THE ISO TO BE SURE YOU HAVE CORRECT INFORMATION FOR:**
    - **DATE OF BIRTH**
    - **KBI#**
    - **KDOC#**
    - **ISO ENTERED ALL INFO INTO TOADS AND INDICATED AS A SB 123 OFFENDER**

# Troubleshooting for Treatment Providers

- **CAN'T PROCESS A GRANT CLAIM IN PROVIDER CONNECT DUE TO SB 123 FUNDING?**
  - **CONTACT THE ISO TO DISCUSS THE CASE ASSOCIATED WITH OFFENDER:**
    - **HAVE ISO VERIFY INFORMATION IN TOADS- DEMOGRAPHICS AND COURT CASE**
    - **VERIFICATION FROM ISO IS NECESSARY FOR KSSC TO CONTACT BEACON**
    - **HAVE ISO EMAIL [SB123PAYMENTS@KS.GOV](mailto:SB123PAYMENTS@KS.GOV) EXPLAINING:**
      - **WHEN AND WHY THE CASE NEEDS TO BE TERMED AS AN SB123 CASE OR JUST FOR FUNDING**
      - **PROVIDE ALL INFORMATION IN THE EMAIL INCLUDING AN EXPLANATION**

# Troubleshooting for ISO's

- **TREATMENT PROVIDER CALLS AND SAYS THEY CAN'T PROCESS A GRANT CLAIM IN PROVIDER CONNECT DUE TO SB 123 FUNDING?**
  - **VERIFY INFORMATION IN TOADS AND YOUR RECORDS**
  - **ONLY ONE CASE CAN BE FUNDED- THE MOST CURRENT CASE**
  - **EMAIL KSSC [SB123PAYMENTS@KS.GOV](mailto:SB123PAYMENTS@KS.GOV) EXPLAINING:**
    - **WHEN AND WHY THE CASE NEEDS TO BE TERMED AS AN SB123 CASE /FUNDING**
    - **PROVIDE ALL INFORMATION IN THE EMAIL INCLUDING AN EXPLANATION**
      - **OFFENDER NAME**
      - **CASE NUMBER**
      - **DATE OF BIRTH**
      - **KBI#**
      - **TERMINATION DATE AND REASON TO INFORM BEACON (EX: DIDN'T QUALIFY FOR SB123)**

# Troubleshooting for ISO's

- **SENTENCING ON A CASE DELAYED OR POSTPONED?**
  - **UPDATE THE SENTENCING DATE IN TOADS**
    - **AVOID KSSC FROM CALLING YOU**
    - **VERIFIES PRE VS. POST SENTENCING ASSESSMENT**



# Daily Data Sharing Process

## 1. TOADS DATA FROM ISO'S

- KDOC#, KBI#, DOB, CASE#

## 2. KSSC EXPORTS DATA FROM TOADS:

- DEMOGRAPHICS
- COURT CASE INFORMATION

## 3. KSSC IMPORTS TOADS DATA TO THEN EXPORT TO BEACON





# We Are All in This Together!



# TOADS Entry

- **DEMOGRAPHICS**
  - **IS OFFENDER ALREADY IN TOADS?**
  - **OFFENDER STATUS**
- **COURT CASE INFORMATION**
  - **TYPE OF SENTENCING**
  - **DATE OF SENTENCING (THIS CHANGES- TRY TO KEEP IT CURRENT)**

# Questions??



- **KSSC CONTACT INFORMATION-**

- [SB123payments@ks.gov](mailto:SB123payments@ks.gov)
- [www.sentencing.ks.gov](http://www.sentencing.ks.gov)
- 785-296-0923 (office)
- 785-296-1546 (Trish Beck)

**Thank you for attending!**